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CONFIRMATION NO. 5785

<b>SERIAL NUMBER</b> 10/010,247	<b>FILING OR 371(c) DATE</b> 12/06/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> SYN-064B
<b>APPLICANTS</b> Juergen A. Kortenbach, Miami Springs, FL; Robert Sixto JR., Miami, FL; Kevin W. Smith, Coral Gables, FL; Charles R. Slater, Fort Lauderdale, FL; Saul Gottlieb, Miramar, FL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/931,528 08/16/2001 PAT 6,569,085 and is a CIP of 09/891,775 06/25/2001 PAT 6,716,226 ✓ <i>oe</i> and claims benefit of 60/292,419 05/21/2001 ✓ <i>oe</i> and is a CIP of 09/730,911 12/06/2000 PAT 6,551,315 ✓ <i>oe</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/14/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>oe</i>	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 27316				
<b>TITLE</b> APPARATUS FOR THE ENDOLUMINAL TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE (GERD)				
<b>FILING FEE RECEIVED</b> 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	